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ABSTRACT

This study examined the rate at which juvenile courts refer youthful offenders to mental health care and organizational factors that may account for variation in treatment referral rates. The study was based on 73 juvenile courts in Tennessee. Data sources included secondary, statewide data on youth referred to the courts in 1997 and responses of judges to the Juvenile Court Survey. Results found: (1) the statewide referral rate was 3 percent; (2) nearly all judges believed that a youth's mental health status should affect their decisions and that assessments are an important tool for decision making, however, few courts typically had evaluations available prior to case disposition; (3) courts with more serious caseloads and drug offenses had significantly higher referral rates than courts with less serious caseloads; (4) higher referral rates were found in courts with more frequent staff communication, where prosecutors tended not to participate in filing petitions, and where determinations of guilt and disposition were made simultaneously; and (5) higher referral rates were found in courts where delinquency was viewed as a result of negative peer influences. (CR)

The Organizational Context of Courts' Treatment Referrals for Juvenile Offenders

Introduction

Over one million youth nationwide are referred to juvenile courts for delinquency (U.S. Department of Justice, 1990), and many have unnoticed or unmet mental health needs. This study examined the rate at which juvenile courts refer youthful offenders to mental health care and organizational factors that may account for variation in treatment referral rates.

Method

The study was based on 73 (of 98) juvenile courts in Tennessee. Data sources included secondary, statewide data on youth referred to the courts in 1997, and responses of judges to the Juvenile Court Survey. On average, judges had 11 years of experience. Most (70%) were full time, with a relatively small staff of five, including themselves.

Measures. The dependent variable was treatment referral rate, which is the percentage of young offenders who were 1) referred to mental health counseling, 2) placed voluntarily with the department of mental health, or 3) placed in a private mental health setting.¹

Organizational context included three domains — input, structure, and culture of the court. *Input* reflects the composition of the courts' caseloads in terms of offense type, race, sex, age, living arrangement, and school status of the young offenders. *Structure* included three dimensions — complexity, decentralization of decision making among court personnel, and formalization. Culture included two dimensions — what judges believe contributes to delinquency and their beliefs on various mental health issues. Responses to structure and culture items were on either four or five-point ordinal scales. Table 1 shows the items (and descriptive data) for the study variables.

Analysis. Univariate statistics showed the court profiles on the study measures. Correlational analysis was used to identify significant ($p < .05$) zero-order correlations between the organizational measures and treatment referral rate. For each of the three domains, regression was used to identify items within each domain that predict treatment referral. Significant predictors from these separate analyses were then used in a regression to identify the organizational properties that most fully and uniquely explain variation in courts' treatment referral rates.

¹ Each youth could have multiple dispositions. If any of the dispositions included 1-3, as indicated, the case was considered a treatment referral.

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Results

Table 1 shows that the statewide referral rate was 3%. Caseloads included primarily illegal conduct (e.g., traffic violations, disorderly conduct), with a sizable proportion of status offenses and more serious property offenses.² Most offenses involved white, 16-year old males, who lived with a single parent, and were in school at the time they appeared in court.

Structurally, courts tended to be small, with a judge, youth service officer, a county and state probation officer, and clerk. They exhibited some degree of complexity by assigning tasks to particular staff as well as by relatively high levels of professionalization. Decision making tended to be centralized with the judge, though a large percentage reported freedom among staff to express opinions to the judge and open communication among the work group.³ The courts tended to be informal, with generally half or fewer courts reporting the more formal approaches listed in the table.

An organization's culture refers to the shared norms or beliefs relating to key aspects of organizational life (Harrison, 1987), which can affect organizational outcomes. Table 1 shows that relatively few informants believed that emotional disturbance causes delinquency; rather, most thought that family and peers put youth at risk, as well as youths' own choices to violate rules. Nearly all informants believed that a youth's mental health status should affect their decisions, and most believed that assessments are an important tool for decision making. However, few courts typically had evaluations available prior to case disposition. When assessments were available, judges usually requested them in about half of the courts; youth

service officers or other court officers (e.g., defense attorneys), in the others. While few thought that offenders had mental health problems, nearly all believed that such offenders could be rehabilitated. Further, most were confident that mental health services can rehabilitate, though fewer thought correctional placements are effective.

Table 2 shows the results of the correlation analysis. Among input measures, courts with more serious caseloads and drug offenses had significantly higher referral rates than courts with less serious caseloads. Courts with higher proportions of youth living with both parents had lower referral rates.

Three measures of court structure related to referral rate. Higher rates were found in courts with more frequent staff communication, where prosecutors tended not to participate in filing petitions, and where determinations of guilt and disposition were made simultaneously. These findings suggest that referrals were more likely in more decentralized, informal courts.

A couple of measures of court culture related to treatment referral. Higher referral rates were found in courts where delinquency was viewed as a result of negative peer influences. The idea that emotional disturbance may cause delinquency had no bearing on courts' use of treatment options. Courts where the youth service officer requested assessments had higher treatment referral rates (twice the rate) than courts where the judge or other court officer typically made the request.

Regression was used to identify significant predictors of referral rate within each of the three organizational domains, then, to identify which of these significant variables most fully and uniquely explained variation in courts' treatment referral rates. Two variables remained significant in the final model (Adjusted R-square=.23). Courts with more serious caseloads had significantly higher referral rates; courts where the adjudication and disposition decisions were made separately have significantly lower referral rates than other courts.

² Interest is in youthful offenders, thus only cases that included some status or delinquency offense are included for purposes of aggregating the input/caseload data. Dependency/neglect only cases are excluded. Also, most (82%) delinquency/status offense referrals to court were for one reason, 12% were for two. The first reason listed by courts was used to assess the nature and seriousness of courts' caseloads.

³ While only judge informants are included in this study, data were also obtained from some of the judge's YSOs. The YSO data show that judges are not inflating their reports of their staff's freedom to express opinions to them. For example, YSOs and judges agree 51 out of 57 times that the work group is able to express opinions to judges most or all the time.

Court Referrals of Juvenile Offenders

Table 1
Organizational Characteristics of Juvenile Courts (N=73)

	Mean Rate	Min-Max	SD
MH REFERRAL	3%	0-19%	4.2
INPUT/CASELOAD			
Offenses			
Person	7%	0-17%	3.9
Property	19%	0-42%	9.2
Illegal conduct	43%	0-42%	17.8
Status offenses	26%	0-67%	13.0
Drug offenses	6%	0-38%	5.3
Alcohol offenses	7%	0-36%	6.5
Demographics			
Sex (male)	69%	(39-83%)	7.1
Race			
-white	85%	(19-100%)	19.5
-black	14%	(0-80%)	19.5
Mean Age	16 yrs	(14-17 yrs)	.4
Home and School Context			
Living arrangement			
-both biological parents	31%	(8-60%)	11.1
-single parent	46%	(20-77%)	11.3
-with relatives	6%	(0-25%)	3.9
In School	93%	(78-100%)	5.3
COMPLEXITY			
Role differentiation		Average (median) of 5 positions	
Tasks generally divided among staff positions		61%	
Court specialization - court hears juvenile cases only		19%	
Staff Professionalization			
-most have 4-yr degree		68%	
-most have specialized degree		49%	
-most participate in outside professional activities		80%	
-most have 5+yrs experience		70%	
DECISION MAKING			
Staff have a good deal of input:			
-at intake		46%	
-at adjudication		46%	
-at disposition		60%	
Autonomy			
-staff can make own decisions in new situations		43%	
-services decisions generally made by service staff		31%	
-staff can generally arrange informal probation		37%	
Staff can express opinions to judge most of the time		90%	
Communication			
-at least weekly meetings		32%	
-frequent communication about work-related issues		89%	
-good quality communication among staff		93%	

Table 1 Continued

FORMALIZATION	
Written job descriptions maintained	56%
Frequent training sessions	35%
A good deal of supervision	46%
Job reviews at least once/year	44%
Communication generally written/electronic	30%
Proceedings generally recorded	56%
Procedures are written rather than oral	29%
Generally time interval b/t adjudication and disposition	13%
Prosecutor generally participates in filing petitions	21%
CULTURE	
Causes of Delinquency	
-Youth's own choice	67%
-Family background	79%
-Social problems	37%
-Genetics	10%
-SED	22%
-Negative peers	62%
Mental Health Issues	
-MH status should be considered in disposition	94%
-Evals are generally available prior to disposition	24%
-Evals are important for disposition	74%
-Judges typically request evaluations	54%
-Most offenders have mental health problems	18%
-Offenders can be rehabilitated	96%
-MH services can rehabilitate	77%
-Corrections can rehabilitate	60%

Note: Nearly all the items on structure and culture were on either a 4- or 5-point scale. Here, data are combined (e.g., % agree and % strongly agree equals % agree) to simplify presentation. The original ordinal variables are used in the correlational analysis presented in Table 2.

Discussion

This research shows that juvenile courts referred offenders to mental health interventions at about a 3% rate. Given some higher estimates of the prevalence of emotional disorder among young offenders,⁴ this rate may be low. Further, relatively

few courts had psychological assessments available to them prior to case disposition; although, many believe they are important for making decisions. Together, these findings suggest that we are likely missing opportunities to identify youth who may need and could benefit from services.

Historically, research on determinants of court decisions has focused on youth's individual characteristics. Results have not explained much of the variance in court outcome, and have been inconsistent. Thus, it was suggested that organizational properties of courts may help to account for what individual phenomena have not. Here, a large number of organizational variables were considered; two helped to explain variable referral rates.

⁴ Harstone and Cocozza (1984) report estimates of mentally disordered juvenile offenders in correctional facilities ranging from 10% to 20%, depending on definitions of illness and offender. Statewide (TN) custody data on youthful offenders (adjudicated delinquent or unruly) show that nearly 90% have some mental health problem (Breda, unpublished report). McManus, et al. (1984) found that 100% of their sample of incarcerated, serious offenders had multiple psychiatric diagnoses.

Court Referrals of Juvenile Offenders

Table 2
Correlations Between Measures of Organizational Context
and Juvenile Courts' Treatment Referral Rates

ORGANIZATIONAL DIMENSION	<i>r</i> (<i>p</i> -value)
INPUT/CASELOAD (11 variables)	
Reason for Referral	
Offense v person	.33 (<.01)
Offense v property	.23 (.05)
Drug offense	.26 (.03)
Alcohol offense	-.04 (.77)
Status offense	-.02 (.89)
Demographics	
Sex - % male	.15 (.21)
Race - % white	-.23 (.06)
Age - mean	-.03 (.83)
Home and School Context	
Living arrangement	
% w/ both parents	-.26 (.03)
% w/ single parent	.15 (.21)
Percent in school	.02 (.88)
COMPLEXITY (7 variables)	
Differentiation	.14 (.24)
Task specialization	-.16 (.19)
Special act court	.20 (.09)
College-educated	.01 (.92)
Specialized degree	.05 (.71)
Participation in professional meetings	.03 (.83)
Experienced work group	-.03 (.84)
DECENTRALIZED DECISION MAKING (8 variables)	
Participatory Decision Making	
service staff have input at key points in process	.12 (.34)
frequent meetings	-.03 (.81)
frequent work-related communication	.25 (.04)
quality communication	-.22 (.07)
Autonomy	
work group can make own decisions	-.05 (.69)
court administration decisions made by service workers	.20 (.10)
staff can arrange informal probation for delinquents	.05 (.69)
Freedom of Expression	
can express opinions about cases and administrative issues	-.04 (.77)
FORMALIZATION (9 variables)	
Written job descriptions	.02 (.87)
Formal training sessions	.16 (.19)
Supervision	-.06 (.66)
Performance reviews	-.10 (.45)
Written or electronic communication	<.01 (.97)
Proceedings mechanically recorded	.20 (.10)
Procedures recorded in handbook	-.06 (.62)
Adjudication and disposition decisions made at different time	-.36 (<.01)
Prosecutor participates in filing formal petitions	-.26 (.03)

Table 2 Continued

CULTURE	
Causes of Delinquency (6 variables)	
Youth's volition	.22 (.07)
Family background	-.03 (.81)
Social problems	.02 (.89)
Genetics	-.02 (.90)
Emotional disturbance	.04 (.76)
Negative peer groups	.30 (.01)
Mental Health Issues (8 variables)	
Mental health should affect disposition	-.04 (.74)
Psychological evaluations usually available	-.18 (.12)
Psych evals are important for dispositions	-.10 (.39)
Who requests evaluations	.37* (.02)
Proportion of offenders with mental health problems	.20 (.09)
Youthful offenders can be rehabilitated	.20 (.10)
Mental health services can rehabilitate	<-.01 (.98)
Correctional placements can rehabilitate	-.08 (.52)

* Because the predictor is nominal, Eta was used as the correlation coefficient.

Courts with more serious caseloads had significantly higher referral rates than courts with proportionately less serious cases. Perhaps this reflects courts' recognition that violent offenders (must) need mental health treatment. It may also reflect a greater availability of special services for more serious offenders, for example, specialized interventions for sex offenders or conflict resolution programs for those youth charged with assault. Alternatively, courts with more serious cases may be more willing to try any and all alternatives in their attempts to deal with such serious situations.

Second, courts that tended to make adjudication and disposition decisions at the same time had higher treatment referral rates than courts that placed a time interval between these two decisions. Making these two decisions simultaneously is a trait of a more traditional form of juvenile court (Stapleton, Aday, & Ito, 1982). Similarly, a rehabilitative response to young offenders reflects the historical tradition of the juvenile court. Thus, this finding suggests that more traditionally organized court forms, at least in this one regard, continue to respond to young offenders in a traditional, rehabilitative way.

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